



Appraisal Environmental and Social Review Summary

Appraisal Stage

(ESRS Appraisal Stage)

Date Prepared/Updated: 04/06/2020 | Report No: ESRSA00662



BASIC INFORMATION

A. Basic Project Data

Country	Region	Project ID	Parent Project ID (if any)
Belarus	EUROPE AND CENTRAL ASIA	P173828	
Project Name	Belarus Emergency COVID-19 Response Project		
Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
Health, Nutrition & Population	Investment Project Financing	4/3/2020	4/3/2020
Borrower(s)	Implementing Agency(ies)		
Republic of Belarus	Ministry of Health of Belarus		

Proposed Development Objective(s)

To prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness in Belarus.

Financing (in USD Million)	Amount
Total Project Cost	100.00

B. Is the project being prepared in a Situation of Urgent Need of Assistance or Capacity Constraints, as per Bank IPF Policy, para. 12?

No

C. Summary Description of Proposed Project [including overview of Country, Sectoral & Institutional Contexts and Relationship to CPF]

The Project will consist of two components to support the government to curb the spread of COVID-19 pandemic and strengthen health system to detect and treat cases. Under Component 1, the specific activities financed by the Project will : (i) strengthen the short- and long-run capacity of the public health system to provide intensive care; (ii) rapidly address the COVID-19 emergency by identifying, isolating and providing care for patients with COVID-19 to minimize disease spread, morbidity and mortality, (iii) implement effective communication campaigns for mass awareness and education of the population on how to tackle the COVID-19 emergency. The second component will finance project management and monitoring.

Public Disclosure



D. Environmental and Social Overview

D.1. Project location(s) and salient characteristics relevant to the ES assessment [geographic, environmental, social]
This emergency operation has been prepared as a stand-alone project which will be implemented throughout Belarus. It will contribute to COVID-19 preparedness, monitoring, and surveillance, and response. The specific locations where project will be carried out are not yet formally confirmed, but it will be implemented mostly in urban and semi-urban and semi-rural areas, with particular focus on existing 38 medical facilities and 4 labs that require COVID-19 preparedness.

The country is located in Eastern Europe and has an area of 207.6 thousand km². It borders with Poland, Lithuania, Latvia, Russia and Ukraine. In 2018 the population of Belarus was about 9491,8 thous. Of them, 7394,1 thous. (77,9%) is urban population, and 2097,7 thous. (22,1%) – rural. 46,58% of the population are men and 53,42% are women. The greater part of the population resides within Minsk agglomeration. The age distribution is the following: (i) people younger than 15 years – 14,2% or 1347,8 thous. (of which 51,4% are men, 48,6% are women); (ii) people at the age from 15 to 65 years – 71,7% or 6805,6 thous. (of which 48,4% are men, 51,6% are women); (iii) people older than 65 years – 14,1% or 1338,3 thous. (of which 31,7% are men, 68,3% are women). Elderly people and people of ripe years prevail in the age structure.

No major civil works are expected in this project; any works involving refurbishments will be carried out in the existing facilities and laboratories. The ESMF will be prepared for the project 30 days after Effectiveness. The ESMF and project activities will consider international protocols for infectious disease control and will include updated provisions on medical waste management. The project is not expected to impact natural habitats or cultural sites. SEP has been already prepared for the project as described below.

D. 2. Borrower's Institutional Capacity

The Ministry of Health of the Republic of Belarus will bear overall responsibility for the implementation and coordination of the Project at the central and local levels, as well as interact with the Ministry of Finance and other interested ministries and departments in order to ensure the smooth implementation of the Project. The day to day implementation, coordination, monitoring and evaluation of the implementation of project activities, as well as responsibilities in terms of ESF, will be assigned to the Republican Scientific and Practical Center of Medical Technologies (RSPCMT). The RSPCMT is currently assigned as the Project Implementation Unit (PIU) for the ongoing WB-supported Health System Modernization Project (P156778) in the country and, respectively, has experience in terms of implementing WB safeguards requirements under the old Operational Policies (OPs). The project environmental and social management until now was considered as satisfactory. The PIU has in its staff a Safeguards Specialist (SS) with overall responsibilities of coordinating all safeguards issues, including preparing subproject Environmental and Social Management Plans and ensuring their implementation. As the proposed project is among the first projects in the country under the new WB Environmental and Social Framework (ESF) and Environmental and Social Standards (ESSs), the PIU and its SS do not have experience and adequate knowledge on the new requirements, especially in terms labor safety and working conditions, hazardous waste management, community health and safety issues. Furthermore, the country's capacity to manage risks associated with COVID-19 is a major concern as the lab personnel may not have the detailed know-how on the bio-safety risk management in the Intensive Care Units to be created under the project for infected patients treatments and in the laboratories to be involved for COVID-19 diagnostic testing. Equally, Belarus has no experience in handling social concerns around COVID-19 as well as related measures, including quarantine. The Project will provide funding to address these short-comings and it will be



important that the Project sources international expertise to achieve international best practices on these matters in line with WB EHS and WHO guidelines. To strengthen the PIU capacity, an additional safeguards specialist will be hired and will receive training on ESF requirements. The World Bank will also provide ongoing implementation support and capacity building for the PIU.

II. SUMMARY OF ENVIRONMENTAL AND SOCIAL (ES) RISKS AND IMPACTS

A. Environmental and Social Risk Classification (ESRC)

Substantial

Environmental Risk Rating

Substantial

The project's environmental risks are significant. The project will have positive impacts as it should improve COVID-19 surveillance, monitoring and containment. However, it can also cause significant environment, health and safety risks due to the dangerous nature of the pathogen (COVID-19) and reagents and other materials to be used in the project-supported Intensive Care Units (ICUs) and participating in the project laboratories. Infections due to inadequate adherence to occupational health and safety standards can cause spread of virus for medical staff, laboratory staff and population at large in due course of detection, transportation of patients/tests/chemicals and reagents, and treatment stages. Also, this can lead to illness and death among health workers. Furthermore, the ICUs and laboratories involving COVID-19 diagnostic testing and treatment will generate medical waste and other hazardous biproducts which, in the case of inadequate management during their collection, transportation and disposal, also may cause additional health risks.

Social Risk Rating

Moderate

The Social Risk Rating is “Moderate”. The major areas of social risks are linked to environmental ones and related to: (i) spread of the virus among health care workers; and (ii) the spread of COVID-19 among the population at large. The key social issues/risks to be managed will be focused on: (i) ensuring a soothing environment so as to avoid panic/conflicts resulting from false rumors and social unrest; (ii) assuring proper and quick access to appropriate and timely medical services, educate hand hygiene and PPE, that is not based on ability to pay or other factors; (iii) anticipating and addressing issues resulting from people being kept in quarantine; (iv) addressing challenges associated with providing (financial) assistance for vulnerable and disadvantaged people such as elderly, low income households; and (v) managing labor risks that may arise during implementation, including risks associated with working conditions for health care workers. Most of these impacts and the risks can be contained by an effective and inclusive outreach program encompassing stakeholder engagement throughout the project cycle. As the project will not finance any new construction but potentially only minor refurbishing works that would be done inside the existing health care facilities and laboratories, the project will not cause any land acquisition or physical and economic displacement. Given that the project will be implemented nationwide, particular emphasis will be made to enable access to facilities and services to vulnerable social groups (low income, disabled, and elderly). The project will also need to ensure that public health guidelines that require quarantine and isolation do not contribute to existing vulnerabilities (for example, to gender-based violence, GBV). To mitigate these and other potential risks, a Stakeholder Engagement Plan (SEP) has been prepared. Moderate social risk is also explained by the fact that MoH has prior experience in handling WB-financed projects, and has overall been responsive in following the WB team’s suggestions on various social safeguards issues (including strengthening of the GRM, regular reporting, etc.)

Public Disclosure



B. Environment and Social Standards (ESSs) that Apply to the Activities Being Considered

B.1. General Assessment

ESS1 Assessment and Management of Environmental and Social Risks and Impacts

Overview of the relevance of the Standard for the Project:

This operation is being processed as an emergency response using condensed procedures under the Fast Track COVID-19 Facility (FTCF). The project environmental risks and impacts are related to activities under Component 1 which include: (a) strengthening ICUs capacity by providing medical supplies and devices to treat severe cases affected by COVID-19 emergency, including minor refurbishment (provision and/or repair of handwashing and hygiene facilities, upgrading electrical work to safely operate medical equipment, maintenance, and cleaning of COVID wards, other emergency internal repairs to ensure patient and staff safety and infection prevention and control) in order to add new fully equipped beds to existing ICUs, or to establish new ICUs; (b) support national surveillance system by strengthening public health laboratories and epidemiological capacity for early detection, confirmation and recording of cases and financing medical supplies and equipment needed to detect and prevent COVID-19 infection, including personal protective equipment, COVID19 testing kits, laboratory reagents and other consumables; and, (c) support the communication strategy and response plan which will finance: (i) developing materials and messages for the general public to increase understanding about risks of COVID-19; (ii) preparing and delivering guidelines for health care workers; and, (iii) providing access to information and scientific knowledge using appropriate tools, including the review and synthesis of scientific information for distribution to the public health community and populations. This component would also support building capacities for applied and clinical research, including ethical aspects.

Overall, the project will have positive environmental and social impacts as it should improve COVID-19 surveillance, monitoring and containment. At the same time, although the project itself will finance mostly purchasing various equipment to combat the COVID-19, and public awareness campaign and capacity building activities, which as such do not generate any risks, the project implementation might cause a series of environmental risks and impacts related to the following: (a) spread of the COVID-19 among health care workers and among the population at large. Respectively, ensuring contagion vectors are controlled through strict adherence to World Health Organization (WHO) standard procedures and personal protective equipment (PPE) for all health care workers is critical. Additionally, working with local governments and communities it is necessary to ensure that social distancing measures and quarantine regimes are strictly adhered for lowering the speed and incidence of infection among project workers and affected persons; and (b) medical waste management and disposal. The wastes that will be generated from ICUs and labs (liquid contaminated waste (e.g. blood, other body fluids, and contaminated fluid) and infected materials (water used; lab solutions and reagents, syringes, bed-sheets, majority of waste from labs and quarantine and isolation centers; used sharps; etc.) have a high potential of carrying micro-organisms that can infect people who are exposed to it, as well as the community at large if it is not properly disposed of. Respectively, the project must ensure an efficient waste management and disposal in line with the WHO and WB EHS Guidelines. The potential risks and impacts of proposed activities under Component 1 from minor refurbishing activities would be very low and may be associated with some dust, noise and insignificant volume of solid wastes.

All identified above environmental risks and impacts are expected to be temporary, predictable, and easily mitigable by ensuring fulfillment of the prescribed by WHO COVID-19 safety measures and and WB EHS Guidelines. Overall, Belarus has good capacity in place in terms of medical waste management, which are disposed only at the authorized locations and by licenced in this regard companies. These activities are regulated by a special National Regulation on



“Sanitary and epidemiological requirements for medical wastes management” approved by MoH in 2018. All identified for participation in the project ICUs and laboratories are mandatory following this Regulation as well as WHO environmental infection control guidelines for medical facilities accepted by the country.

To address identified risks and impacts, the client will prepare an Environmental and Social Management Framework (ESMF) and a Stakeholder Engagement Plan (SEP). The ESMF will include a template for the Infection Prevention and Control and Waste Management Plan (IPCWMP) to be adopted and implemented by all ICUs and laboratories to be supported by the Project. The ESMF document will also provide the detailed procedures, based on WHO guidance, for treating patients and environmental health and safety guidelines for ICUs and laboratories’ staff, including the necessary Personal Protective Equipment (PPE). Furthermore, the document will provide requirements for adequate medical waste management, including proper disposal of sharps. All these provisions will be then used for preparing the ICWMP, which will provide best international practices in COVID-19 diagnostic, testing and COVID-19 response and treatment activities, based on the relevant WB Environmental, Health and Safety (EHS) Guidelines, good international industry practice (GIIP), including WHO COVID-19 Quarantine Guideline and COVID-19 bio-safety guidelines. The document will have also (i) a monitoring plan for ensuring compliance and efficient implementation of the ICWMPs; and (ii) ESMF’s implementing arrangements, as well as analysis of PIU (RSPCMT) as regards the capacity for carrying on E&S requirements.

The SEP will serve the following purposes: (i) stakeholder identification and analysis; (ii) planning engagement modalities viz., effective communication tool for consultations and disclosure; and (iii) enabling platforms for influencing decisions; (iv) defining roles and responsibilities of different actors in implementing the Plan; and (iv) a grievance redress mechanism (GRM) building on the experience of the ongoing health project in Belarus. The ESMF and updated SEP will be prepared to a standard acceptable to the IBRD and disclosed both in country on the MOH website and on the World Bank website within 30 days after the Effectiveness Date. The SEP will also specify the details of an outreach activities to the community at large on issues related to physical distancing, higher risk demographics, self-quarantine, and quarantine. The SEP will be updated throughout project cycle.

ESS10 Stakeholder Engagement and Information Disclosure

The project recognizes the need for an effective and inclusive engagement with all of the relevant stakeholders and the population at large. Considering the serious challenges associated with COVID-19, dissemination of clear messages around social distancing, high risk demographics, self-quarantine, and, when necessary, mandatory quarantine is critical. Meaningful consultations, particularly when face-to-face gatherings are counter to the aims of the SEP, and disclosure of appropriate information assume huge significance for ensuring public health and safety from all perspectives – social, environmental, economic, and medical/ health. In this backdrop, the project has prepared a preliminary SEP which serves the following purposes: (i) stakeholder identification and analysis; (ii) planning engagement modalities viz., effective communication tool for consultations and disclosure; and (iii) enabling platforms for influencing decisions; (iv) defining roles and responsibilities of different actors in implementing the Plan; and (iv) a grievance redress mechanism (GRM) building on the existing health project in Belarus. Rapid project preparation has included preliminary mapping of the stakeholders. Individuals and groups likely to be affected (direct beneficiaries) have been identified. The speed and urgency with which this project has been developed to meet the growing threat of COVID-19 in the country has limited the project’s ability to develop a



complete SEP before this project is approved by the World Bank. This initial SEP was developed and disclosed prior to project appraisal, as the starting point of an iterative process to develop a more comprehensive stakeholder engagement strategy and plan. It will be updated periodically as necessary, with more detail provided in the first update planned after project approval. This SEP will be updated during implementation. The client has also developed and put in place a GRM to enable stakeholders to air their concerns/ comments/ suggestions, if any. The GRM builds on the experience of the ongoing health project in Belarus, and will follow the same procedures which are outlined in the SEP.

B.2. Specific Risks and Impacts

A brief description of the potential environmental and social risks and impacts relevant to the Project.

ESS2 Labor and Working Conditions

This standard is relevant. The project will involve the use of both direct workers and contracted workers. Direct workers could be either government civil servants (MoH staff), workers in health care facilities and centers for social work, or technical consultants engaged specifically in relation to the project, such as PIU consultants. The ESMF will include a special section on requirements for worker health and safety. As workers in ICUs and laboratories are particularly vulnerable to COVID-19, infections due to inadequate adherence to occupational health and safety standards can lead to illness and death among health and laboratory works as well as the wider spreading of the disease within communities. Respectively, the document will develop the detailed procedures, based on WHO guidance, for necessary protocols for treating patients and handling medical waste as well as environmental health and safety guidelines for staff, including the necessary PPE, all of which will be documented in Labor Management Procedures (LMP) as part of the ESMF. Requirements for proper disposal of sharps (see medical waste above), disinfectant protocols, and regular testing of healthcare workers will be included. All these provisions will be then used for preparing the Infection Control and Medical Waste Management Plan (ICWMP) to be adopted by and then implemented by the ICUs and laboratories participating in the project. The civil works contracts for minor refurbishing activities, if any, will include industry standard Codes of Conduct that include measures to prevent Gender Based Violence/Sexual Exploitation and Abuse (GBN/SEA). A GRM specifically for direct and contracted workers will be provided and documented in the LMP. In line with ESS 2 and Belarus law, the use of forced labor, child, or conscripted labor is prohibited in the project, including for construction and operation of ICUs and laboratories.

ESS3 Resource Efficiency and Pollution Prevention and Management

Medical wastes and chemical wastes (including water, reagents, infected materials, etc.) from the labs, quarantine, and screening posts to be supported (drugs, supplies and medical equipment) can have a significant impact on the environment and human health. Wastes that may be generated from ICUs and laboratories could include liquid contaminated waste, chemicals, and other hazardous materials, and other waste from labs and quarantine and isolation centers including sharps, used in diagnosis and treatment. Each beneficiary ICU and laboratory, following the requirements of the ESMF will prepare and follow an ICWMP to prevent or minimize such adverse risks and impacts. The ICWMP will mandate that any waste associated with COVID-19 testing or treatment will be incinerated on site whenever possible and where appropriate infrastructure is available. It will also contain strict protocols for



disinfecting and packing such waste for transportation to the nearest medical waste incinerator if on site destruction is not possible. The ESMF will also include guidance related to transportation and management of samples and medical goods or expired chemical products. Resources (water, air, etc.) used in ICUs and laboratories will follow standards and measures in line with National Sanitary Hygienic Service and WHO environmental infection control guidelines for medical facilities.

ESS4 Community Health and Safety

Medical wastes and general waste from the ICUs and laboratories have a high potential of carrying micro-organisms that can infect the community at large if they are not properly disposed of. There is a possibility for the infectious microorganism to be introduced into the environment if not well contained within the laboratory or due to accidents/emergencies e.g. a fire response or natural phenomena event (e.g., earthquake). These ICUs and laboratories will thereby have to follow procedures detailed in the ESMF and ICWMP (see ESS 3 above). The operation of ICUs and laboratories needs to be implemented in a way that staff, patients, and the wider public follow and are treated in line with international best practice, as outlined in WHO guidance for COVID-19 response as above under ESS 1 and ESS 2.

In case quarantine and isolation centers are to be protected by security personnel, it will be ensured that the security personnel follow a strict code of conduct and avoid any escalation of situation, taking into consideration the above noted needs of quarantined persons as well as the potential stress related to it.

ESS5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement

This ESS is not relevant. There will be no new construction or reconstruction activities, except minor refurbishing activities. No physical or economic displacement is expected. There will be no restrictions on land use/land access.

ESS6 Biodiversity Conservation and Sustainable Management of Living Natural Resources

All works will be conducted within the existing footprint of facilities and no impacts on biodiversity and living organisms are expected; hence, this standard is not relevant to the proposed project interventions.

ESS7 Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities

This standard is not relevant to the proposed project. There are no distinct social and cultural groups as defined by ESS7 in Belarus.

ESS8 Cultural Heritage

All works will be conducted within the existing footprint of facilities and no impacts on CH site are anticipated; hence, this standard is not relevant to the project.

ESS9 Financial Intermediaries



No FIs will be used for the project implementation.

C. Legal Operational Policies that Apply

OP 7.50 Projects on International Waterways

No

OP 7.60 Projects in Disputed Areas

No

III. BORROWER’S ENVIRONMENTAL AND SOCIAL COMMITMENT PLAN (ESCP)

DELIVERABLES against MEASURES AND ACTIONs IDENTIFIED	TIMELINE
ESS 1 Assessment and Management of Environmental and Social Risks and Impacts	
<p>ORGANIZATIONAL STRUCTURE:</p> <p>The Republican Scientific and Practical Center of Medical Technologies (RSPCMT) shall maintain currently employed Safeguards Specialist to support the management of ESHS risks and impacts of the Project and hire an additional Safeguards Specialist 30 days after Effectiveness Date.</p>	01/2021
<p>ENVIRONMENT AND SOCIAL MANAGEMENT FRAMEWORK</p> <p>Prepare an ESMF (including LMP) acceptable to the IBRD and disclose it on the MoH website.</p>	05/2020
<p>ESIA/ESMP/OTHER INSTRUMENTS/CONTRACTORS</p> <p>Ensure adoption and implementation of Infection Control and Medical Waste Management Plan mandatory required for all participating in the project HCFs, laboratories, and quarantine facilities.</p>	01/2021
ESS 10 Stakeholder Engagement and Information Disclosure	
N/A	
ESS 2 Labor and Working Conditions	
<p>Ensure the detailed procedures, for treating patients and handling medical waste as well as environmental health and safety guidelines for staff, including the necessary PPE are included in all ICWMP. ESMF will have LMP.</p>	05/2020
ESS 3 Resource Efficiency and Pollution Prevention and Management	
<p>Ensure requirements for water, air, etc., used in HCFs, and labs specified are specified in the ICWMP follow the requirements of National Sanitary Hygienic Service and WHO environmental infection control guidelines, and, successfully implemented.</p>	01/2021

Public Disclosure



Public Disclosure

ESS 4 Community Health and Safety	
Ensure the laboratories, quarantine and isolation centers, have included in ICWMP the requirements and follow procedures regarding medical wastes management to preventing the infectious microorganism to be introduced into the environment.	01/2021
ESS 5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement	
N/A	
N/A	
N/A	
N/A	
N/A	
ESS 6 Biodiversity Conservation and Sustainable Management of Living Natural Resources	
N/A	
N/A	
ESS 7 Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities	
N/A	
N/A	
N/A	
N/A	
ESS 8 Cultural Heritage	
N/A	
N/A	
ESS 9 Financial Intermediaries	
N/A	

B.3. Reliance on Borrower’s policy, legal and institutional framework, relevant to the Project risks and impacts

Is this project being prepared for use of Borrower Framework?

No



Areas where “Use of Borrower Framework” is being considered:

The project will not use the Borrower Framework.

IV. CONTACT POINTS

World Bank

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Borrower/Client/Recipient

Borrower: Republic of Belarus

Implementing Agency(ies)

Implementing Agency: Ministry of Health of Belarus

V. FOR MORE INFORMATION CONTACT

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VI. APPROVAL

Task Team Leader(s):	Elvira Anadolu
Practice Manager (ENR/Social)	Kevin A Tomlinson Cleared on 03-Apr-2020 at 15:19:56 EDT
Safeguards Advisor ESSA	Nina Chee (SAESSA) Concurred on 06-Apr-2020 at 10:42:47 EDT